position in various communities, Table II (A) was made. This shows, by intervals of $1,000, the various salaries which may be earned by doctors performing duties under stated titles and by the Government unit. This table, however, does not attempt to show how many doctors are employed in the stated positions. Table II (B) shows the same data as Table II (A), but all part-time positions are shown.

A close study of figures, for instance those referring to Federal institutions, would show a range of $3.03 to $1.48 per hour for full-time employees. Some part-time employees, such as special fields, would appear on the face of things to be paid fairly well; for instance, an eye, ear, nose, and throat specialist gets $13 a day, and a urologist $50 a day. These specialists work only twice a month for the Government, so the salary of the eye specialist is $26 and the urologist, $100 a month. How much work is done for this compensation is not specified. In the state institutions, salaries range from a top of $5,040 per annum for the superintendent, down to the junior intern, who receives nothing. If we break down this salary to a forty-four-hour week, we shall find that the range is from $2.39 an hour down to 29 cents an hour for an intern. A junior physician, figuring forty-four hours per week, would receive from 57 to 80 cents per hour. We find a little better spacing in analyzing our county institutions, where there are positions paying two to three, and ten to twelve thousand dollars a year, such as full-time health director of a large community, or full-time director of a large hospital. Most of the salaries after the top, however, take a nose dive, and if those in our counties are broken down into payment per hour, they again range from $5.74 down to a low of 29 cents. Some positions, such as a full-time roentgenologist, pay from $2.27 to $2.56 per hour. A clinic physician doing full-time work receives from $1.42 to $1.70 an hour. An epidemiologist, full-time, receives from $1.99 to $2.27 an hour. Full-time positions in most of the county tuberculosis hospitals range from $2.50 to $1.70 per hour. If we forget the compensation per hour and turn to Table II (A), we shall see that positions held by directors of medicine in the year 1940 range from $10,000 down to $500 a year. There were no salaries in the eight or nine thousand brackets. There were a few in the seven to five thousand bracket, and then again the decline was rather precipitous. Table II (B) will give you some detail about part-time positions held by doctors of medicine in California in the year 1940, and we find a few of these pay from six to four thousand, but the majority are from three thousand to five hundred.

This report is not complete by any means. We feel that sufficient information has been gained, and these tables from various counties and the state and federal governments demonstrate clearly that, barring a few positions at the top, doctors are underpaid and overworked. The large majority of physicians doing full-time work are not receiving the pay per hour of first-class mechanics in industry. Your committee feels very strongly, first, that should a more complete analysis be required for study, a detailed questionnaire must be sent out. Second, it recommends that further study of the whole question of compensation to doctors of medicine in government employ be continued, with the understanding that, if it is continued and proper information is to be obtained, a statistician must be employed, whose duty it will be to go personally to these various institutions and interview types of doctors in various forms of employment. Only in this way shall we be able to get accurate and complete information regarding this whole matter of medical compensation. Your committee also recommends that due publicity be given to the fact that its investigation has proved definitely the inadequacy of compensation paid to doctors in full-time employment, comparing this compensation with full-time employment in industry. (It can be demonstrated that roadmasters in federal service, with less responsibility, draw equal pay with doctors.) We recommend, also, that if this investigation is continued, special study be given to the patient-load placed upon doctors in federal, state, and county hospitals, the average at present being about fifty patients per day per doctor. Your committee feels strongly that, unless proper efforts are made to better the conditions under which full-time medical employees work, a deterioration, both in the character of work and the health of the employee, is bound to result.*

CLINICAL NOTES AND CASE REPORTS

PSEUDOCYESIS

By ALBERT T. GOLDBERG, M. D.
AND
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SPURIOUS pregnancy has been recognized since the earliest times. The Hippocratic volumes showed at least twelve cases around 300 B. C. The case of Mary Tudor, Queen of England, is reported as one of imaginary pregnancy.

Such outstanding men as Madden, Montgomery, and Simpson gave considerable attention to this condition in the middle of the nineteenth century.

The condition is mentioned, but in passing, in our textbooks on obstetrics, and references in the medical literature, are scant.

A great number of terms are given this state: Pseudocyesis, spurious pregnancy, phantom pregnancy, imaginary pregnancy, hysterical pregnancy, and simulated pregnancy. Although the term "feigned pregnancy" is frequently used synonymously in reference to this condition, it really is a misnomer. "Feigned pregnancy" should denote

* The committee gives its especial thanks to Miss Eleanor Hanna, statistician, who compiled these figures, and to Dr. Berthel Henning, who supplied the chairman of this committee with valuable information regarding Federal institutions.

only such a condition in which malingering or intentional deception is attempted.[1]

Pseudocyesis may be present in young women as well as those approaching the menopause. It is seen in women who have a decided fear of pregnancy, either because of illicit intercourse or because of the dread of supposed dangers associated with pregnancy and labor. Occasionally women who are extremely desirous of becoming pregnant reveal these manifestations. Then there is that group of women who imagine themselves pregnant because of the presence of functional or pathologic disturbances, attended by symptoms which simulate the signs and symptoms of pregnancy.

The factor of an endocrine imbalance accounts for much of this picture, and is the reason why this condition is most common in women approaching the climacteric. Misleading symptoms of pregnancy may be present at this time because of the natural tendency toward scanty menses and increased deposition of fat, especially about the abdomen and breasts.

Other pathologic states which may account for some of the findings are: carcinoma of the uterus, uterine fibroids, ovarian cysts, ascites, bowel distention, hydatidiform mole, etc.

Such nonpathologic states as spasm of the diaphragm, with relaxation of abdominal muscles, may cause an impression of abdominal enlargement, as may also fat deposits. The sensation of fetal movement (quickening) may be due to movement of gas in the intestines or contraction of abdominal muscles.

Practically all of the symptoms, and occasionally some of the presumptive signs of pregnancy, may be manifest: Amenorrhea, nausea and vomiting, gain in weight, pica, quickening and simulated labor pains. Quickening is a very common symptom, and many patient's complain that it is quite obvious to onlookers. That a colostrum-like material may be expressed from the breast is evident in the cases reported by Jacobs.[2] Rarely pigmentation about the nipples may occur.[3] The presence of striae on the wall of the enlarging abdomen is quite common.

The true nature of the condition is readily revealed when, upon examination, the fetal heart tones and funic souffle are not heard; although a rapid transmitted maternal pulse may resemble the fetal heart tone. A small uterus, the absence of a positive Hegar's or Chadwick's sign, is quite convincing. In doubtful cases the x-ray or the Ascheim-Zondek test, or one of its modifications, may be resorted to.

Pseudocyesis is most commonly found in the neurotic and less intelligent types of individuals, especially those suffering from mental and emotional changes. However, occasionally it may fool even an intelligent woman who has had previous pregnancies.

Many women will not be convinced that no true pregnancy exists, and they may continue with this disillusion long after the term of pregnancy has passed. Montgomery cites a case of nine years' duration, and Dupuytren one of fourteen years.[4]

REPORT OF CASE

Mrs. A. B. C., age 24. Married five weeks. Presented herself for examination on March 9, 1939, stating that she missed her menstrual period due on March 1, 1939. Her menses previously were regular, occurring every twenty-eight days, duration four days. Pelvic examination at this time revealed normal findings, and the patient was instructed to return in one month, as the present examination revealed no sign of pregnancy. She was certain that she was pregnant, and we explained that it was too early (eight days after missed period) to determine definitely the presence of pregnancy at that time.

One month later the patient returned. No menses had occurred in the interim. She complained of "morning nausea" occurring quite frequently, and a sensation of fullness in her breasts. Complete examination at this time revealed a rather obese female weighing 158 pounds. (Impression of glandular—hypothyroid—type. Ideal weight should have been 121 pounds.) The uterus was small, firm, of normal color, and retroverted to a second degree position. Blood Wassermann was negative.

The patient was informed that she was not pregnant, but she left the office doubting this diagnosis.

On November 4, 1939, the patient returned to the office, complaining of severe lower abdominal pains. These were intermittent in character. She stated that she was definitely pregnant and was having premature labor pains. The date of expectancy, calculated from date of the last period (March 1, 1939), would have been December 8, 1939, or one month hence. She had gradually gained in weight until she reached 185¼ pounds or a gain of 27¼ pounds. She complained considerably of fetal movements, stating that they were so annoying that they kept her awake all the previous night. No menstruation had occurred since the first examination.

Examination revealed the abdomen to be enlarged to the level of the umbilicus. The abdomen was not firm, but of a soft obese type. Pelvic examination was entirely normal with no evidence of gestation. An x-ray film taken of the pelvis and abdomen revealed no evidence of fetal skeletal structures.

Pacific Southwest Building.

SCABIES: ITS TREATMENT WITH A SPECIAL SULPHUR SOAP*

By HAROLD P. TOMPKINS, M. D.
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THERE are many methods of treating scabies. The majority of them are efficacious when properly applied. Most of these methods make use of sulphur, which proves specific against the parasites and ova.

The chief therapeutic problem appears to be the proper application of any acceptable compound, not the compound itself. Sulphur ointments are usually disagreeable to the patient when applied to the body from the neck down. This fact alone tends to discourage thorough application of the ointment. Sulphur dermatitis following the prescribed ointment routine is not uncommon. However, this usually responds readily to treatment and proves to be little more than an unpleasant side effect.

1 Paddock, Richard: Spurious Pregnancy, Am. J. Obst. & Gynec., 16:845-854 (Dec.), 1928.

2 Jacobs, J. B.: Pseudocyesis, Virginia M. Monthly, 57: 178-180 (June), 1930.

3 Erickson, C. W., and Hashinger, E. H.: Case of Pseudocyesis Associated With Endocrine Imbalance, J. Kansas M. Soc., 35:395-397 (Oct.), 1934.

4 Quoted from (1).

* The sulphur soap used was prepared by Chemical Industries of California, under the name "Thiofoam."